MICHIGAN DEPARTMENT OF STATE Third Party Testing Program

	Third	Party Examiner	Monthly Skills Test	s Summary Report		
MONTH/YR				This is a corre	cted report	
ORGANIZATIO	N NAME:					
EXAMINER NAME:						
		Automobi	ile Operator Skills To	ests		
Total automo score shee submitted	ts	Incomplete tests (Non-performance)		asic control (off-road) erformance failures	Driving test performance failures	
	Docume	nt/Other Eo	quipment			
	☐ This examiner		Driver License Skills any CDL skills tests			
Total CDL score sheets submitted	Incomple (Non-perfo		Vehicle inspection performance failures	Basic control (off-road) performance failures	Driving test performance failures	
	Document/Other	Equipment				
	☐ This examiner		le Operator Skills To any motorcycle skill			
		Incompl (Non-perf		Driver performance failures		
	D	ocument/Other	Equipment			
Designated Repre the best of my kno	sentative: I certify the wledge and belief:	is report and the t	est documents attache	ed are accurate and con	plete to	
**Donosto	oust he received in L			ENTATIVE SIGNAT at least 5 days for mai		

(TPT-090 Rev 2/00)